



FISH HEALTH EXAMINATION SHEET

DATE: \_\_\_/\_\_\_/\_\_\_ STATION ID# \_\_\_\_\_ FISH ID# \_\_\_\_\_

Blood: _____(mL)	Plasma/Serum: _____	Cryovial 1 _____	Cryovial 2 _____
SPECIES: _____		Weight: _____(g)	Length: _____(mm) Sex: _____

**EXTERNAL EXAMINATION: (check all that apply)**

<b>EYES:</b>	<u>Left:</u>	<u>Right:</u>	
<input type="checkbox"/> normal	<input type="checkbox"/> OTHER specify: _____	<input type="checkbox"/> normal	<input type="checkbox"/> OTHER specify: _____
<input type="checkbox"/> exophthalmic	_____	<input type="checkbox"/> exophthalmic	_____
<input type="checkbox"/> hemorrhagic	_____	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> opaque	_____	<input type="checkbox"/> opaque	_____
<input type="checkbox"/> missing	_____	<input type="checkbox"/> missing	_____
<input type="checkbox"/> emboli	_____	<input type="checkbox"/> emboli	_____
# in fixative ___ # of Photos ___		# in fixative ___ # of Photos ___	

<b>HEAD:</b>	<b>BODY SURFACE:</b>	OTHER specify (include location): _____
<input type="checkbox"/> normal	<input type="checkbox"/> normal	_____
<input type="checkbox"/> tumors	<input type="checkbox"/> tumors	_____
<input type="checkbox"/> lesions	<input type="checkbox"/> lesions	_____
<input type="checkbox"/> parasite	<input type="checkbox"/> parasite	_____
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	_____
		# in fixative ___ # of Photos ___

<b>OPERCLES:</b>	<input type="checkbox"/> OTHER specify: _____ <input type="checkbox"/> normal _____ <input type="checkbox"/> slight shortening _____ <input type="checkbox"/> severe shortening _____
# in fixative ___ # of Photos ___	

<b>GILLS:</b>	<u>Left:</u>	<u>Right:</u>	
<input type="checkbox"/> normal	<input type="checkbox"/> OTHER specify: _____	<input type="checkbox"/> normal	<input type="checkbox"/> OTHER specify: _____
<input type="checkbox"/> frayed	_____	<input type="checkbox"/> frayed	_____
<input type="checkbox"/> clubbed	_____	<input type="checkbox"/> clubbed	_____
<input type="checkbox"/> marginate	_____	<input type="checkbox"/> marginate	_____
<input type="checkbox"/> pale	_____	<input type="checkbox"/> pale	_____
# in fixative ___ # of Photos ___		# in fixative ___ # of Photos ___	

<b>PSEUDOBRANCHS:</b>	<input type="checkbox"/> OTHER specify: _____ <input type="checkbox"/> normal _____ <input type="checkbox"/> swollen _____ <input type="checkbox"/> lithic _____ <input type="checkbox"/> hemorrhagic _____
# in fixative ___ # of Photos ___	

<b>FINS:</b>	<input type="checkbox"/> OTHER (specify; identify affected fins) _____ <input type="checkbox"/> normal <input type="checkbox"/> frayed _____ <input type="checkbox"/> mild erosion <input type="checkbox"/> hemorrhagic _____ <input type="checkbox"/> severe erosion <input type="checkbox"/> emboli _____
# in fixative ___ # of Photos ___	

**LIVER:**  OTHER specify: \_\_\_\_\_ Weight \_\_\_\_\_ (0.1g) with gallbladder intact

dark to light red \_\_\_\_\_

tan (coffee with cream) \_\_\_\_\_ (Cryovial 1)

general discoloration \_\_\_\_\_ (Cryovial 2)

focal discoloration \_\_\_\_\_

nodules \_\_\_\_\_ # in fixative \_\_\_\_\_ # of Photos \_\_\_\_\_

**BILE:** Color: \_\_\_\_\_ Fullness:  OTHER specify: \_\_\_\_\_

yellow  empty \_\_\_\_\_

light-grass green  partly full \_\_\_\_\_

dark green to blue-green  full \_\_\_\_\_

\_\_\_\_\_ # of Photos \_\_\_\_\_

**SPLEEN:**  OTHER specify: \_\_\_\_\_ Weight \_\_\_\_\_ (0.002g)

red to black \_\_\_\_\_

granular \_\_\_\_\_ # in fixative \_\_\_\_\_

nodular \_\_\_\_\_

enlarged \_\_\_\_\_ # of Photos \_\_\_\_\_

**GONADS:**  OTHER specify: \_\_\_\_\_  ripe Weight \_\_\_\_\_ (0.1g)

male \_\_\_\_\_  spent \_\_\_\_\_

female \_\_\_\_\_  intermediate \_\_\_\_\_

intermediate \_\_\_\_\_

juvenile \_\_\_\_\_ # in fixative \_\_\_\_\_ # of Photos \_\_\_\_\_

**MESENTERIC FAT:**  no fat  slight fat  50%  >50%  completely covered # of Photos \_\_\_\_\_

**KIDNEY:**  OTHER specify: \_\_\_\_\_ *HIND KIDNEY:*

normal \_\_\_\_\_ # in fixative \_\_\_\_\_

swollen \_\_\_\_\_

mottled \_\_\_\_\_ *HEAD KIDNEY:*

granular \_\_\_\_\_ # in fixative \_\_\_\_\_

urolithiasis \_\_\_\_\_ # of Photos \_\_\_\_\_

**GENERAL COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCALES:** \_\_\_\_\_

side sampled:  left \_\_\_\_\_

right \_\_\_\_\_

**SPINES:** \_\_\_\_\_

specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INITIALS:**

RECORDER: \_\_\_\_\_

DISSECTOR: \_\_\_\_\_

REVIEWER: \_\_\_\_\_